



City of Long Beach • New York

## Sanitation Reimbursement Application

The Sanitation Reimbursement application is for owner occupied / primary resident property homeowners that were displaced from their home during July 1, 2014 – June 30, 2015 as a result of Superstorm Sandy.

**HOMEOWNERS MAY NOT APPLY FOR REIMBURSEMENT FOR A RENTAL PROPERTY, VACATION or "SECOND HOME" or VACANT PROPERTY DUE TO REASONS OTHER THAN SUPERSTORM SANDY.**

Carefully read the instructions page before completing this form. Application period is open from June 1, 2015 to August 31, 2015.

### PART 1: APPLICANT INFORMATION

Full Name of Owner:

Full Name of Co-Owner:

Daytime telephone number:

Email address:

### PART 2: PROPERTY INFORMATION

Address of Property:

City:

State:

Zip Code:

Sec-Block-Lot#:

Period(s) property vacant (check all that apply):

☐ 7/1/14 – 9/30/14

☐ 10/1/14 – 12/31/14

☐ 1/1/15 – 3/31/15

☐ 4/1/15 – 6/30/15

Current Address:(if different from above)

City:

State:

Zip Code:

### PART 3: REQUIRED DOCUMENTS

Please provide the following documents as proof of ownership & vacancy:

- ☐ Copy of a valid driver's license or state-issued photo ID(s);
- ☐ Proof of ownership – Title Deed or Mortgage Statement of property;
- ☐ Proof of rental payments covering reimbursement period **OR** Affidavit of Residency;
- ☐ Shut off / turn on notice from utility companies **AND/OR**;
- ☐ Cut & cap letter from Water Department;

**\* Note:** Please do not send originals of any document as these documents will not be returned.

### PART 4: CERTIFICATION

I certify under penalty of perjury the information on this document is true and correct to the best of my knowledge.

Owner Signature:

Date:

Signature of co-applicant:

Date:



## **AFFIDAVIT OF RESIDENCY**

### **(Applicant Renting / Living with Relative)**

**To be completed by Landlord / Relative:**

I \_\_\_\_\_ (landlord/relative) hereby affirm that,  
\_\_\_\_\_  
\_\_\_\_\_ (applicants) did reside with me at  
\_\_\_\_\_  
\_\_\_\_\_ (home address)  
from \_\_\_\_\_ to \_\_\_\_\_.

**I understand that by signing this affidavit I am verifying the residence of the above person(s) during the  
stated period. This affidavit is sworn to under the penalties of perjury.**

Primary Landlord/Relative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of New York:

SS:

County of \_\_\_\_\_:

Sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, in the Year \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public